

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

WSP:216 US

First Named Inventor

Alexander Bubb

COMPLETE IF KNOWN

Application Number

10/624,745

Filing Date

07/21/2003

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SAFETY DIAPHRAGM FOR A DIAPHRAGM PUMP

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

07/21/2003

as United States Application Number or PCT International

Application Number

10/624,745

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
102 33 561.3	Germany	07/24/2002	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

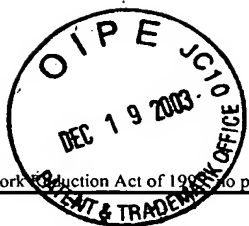
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name Dunn & Associates					
Address P.O. Box 10					
City Newfane		State New York		ZIP 14108	
Country U.S.A.		Telephone 716-433-1661		Fax 716-433-1665	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Alexander				Family Name or Surname Bubb	
Inventor's Signature <input checked="" type="checkbox"/> <i>Alexander Bubb</i>				Date <input checked="" type="checkbox"/> 29.10.03.	
Residence: City Schwetzingen		State		Country Germany	
Citizenship German					
Mailing Address Berliner Strasse 6					
City Schwetzingen		State		ZIP 68723	
Country Germany					
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Bernd				Family Name or Surname Fressler	
Inventor's Signature <input checked="" type="checkbox"/> <i>Bernd Fressler</i>				Date <input checked="" type="checkbox"/> 29.10.03	
Residence: City Dielheim		State		Country Germany	
Citizenship German					
Mailing Address Baieralerstrasse 4					
City Dielheim		State		ZIP 69234	
Country Germany					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/624,745
Filing Date	07/21/2003
First Named Inventor	Alexander Bubb
Title	Safety Diaphragm for a Diaphragm Pump
Group Art Unit	
Examiner Name	
Attorney Docket Number	WSP:216 US

I hereby appoint:

- ☐ Practitioners at Customer Number →
- ☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
Michael L. Dunn	25,330
Howard M. Ellis	25,856
Robert P. Simpson	33,034

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

- ☐ The above-mentioned Customer Number.

OR

- ☐ Practitioners at Customer Number →

Place Customer
Number Bar Code
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Dunn & Associates				
Address	P.O. Box 10				
Address					
City	Newfane	State	New York	Zip	14108
Country	U.S.A.				
Telephone	716-433-1661	Fax	716-433-1665		

I am the:

- ☒ Applicant/Inventor.
- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

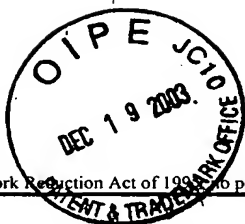
SIGNATURE of Applicant or Assignee of Record

Name	Alexander Bubb
Signature	<i>Alexander Bubb</i>
Date	29. 10. 03.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231



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- ☒ Practitioner(s) named below:

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Please change the correspondence address for the above-identified application to:

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- ☐ Practitioners at Customer Number →

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<input checked="" type="checkbox"/> Firm or Individual Name	Dunn & Associates				
Address	P.O. Box 10				
Address					
City	Newfane	State	New York	Zip	14108
Country	U.S.A.				
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Bernd Freissler
Signature	<i>Bernd Freissler</i>
Date	29. 10. 03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

- ☒ *Total of 2 forms are submitted.

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